organs for their locality. But the menstrual fluxion, according to Pflueger, is only a reflex process, having its point of departure in the irritation of the ovarian nerve, which is transmitted next to the central organs of the nervous system. It is therefore admissible that, under pathological conditions, this ovarian nerve excitation irradiates over a greater extent of the nervous centres, and that it involves vascular territories, that under normal conditions would not have been implicated.

Menstrual psychoses may develop themselves at any epoch of sexual life.

Considered in point of view of their symptomatology, the menstrual psychoses are grouped in two principal clinical classes: the melancholic and the maniacal, the latter being the most frequent. There is nothing specific in their symptoms. It is only in an etiological point of view that they require any distinct place in mental pathology.

In the interval of the paroxysms we observe a prostration with physical and mental exhaustion, the duration of which is in relation with the intensity and duration of the paroxysms themselves, and in addition the symptoms of a neuropathic constitution.

As regards their progress, the paroxysms have a tendency to return at each menstrual period. But it is not uncommon for them to be suppressed for months and even years, when the patients' constitutions are improved and they are placed in good hygienic conditions. Nevertheless the prognosis, like that of periodical psychoses generally, is not very favorable.

The first point in the treatment is to fulfill the causal indications. We must treat the neuropathic constitution of the patients and seek to diminish the impressionability of the brain centres, by improving the nutrition, protecting the patients from excitement and especially genital excitations, and treating uterine disorders if there are any.

Krafft-Ebing has made a trial of bromide of potash in the treatment of these affections, employed as a preventive, between the paroxysms; the medicine has given lasting success six times in nine cases; in three others the success has been only temporary. Even when given during the attack the bromide has given good results five times out of nine, in the other four the results were negative. For the medicine to act the daily quantity should not be less than six grammes. Opium, morphine, and chloral are shown to be absolutely inefficacious in the treatment of menstrual psychoses.

THE PATHOGENESIS OF CEREBRAL HEMORRHAGE.—Eichler, *Deutsch. Arch. f. klin. Med.*, XXI., 1–32. (Abstr. in *St. Petersburg. Med. Wochenschr.*, No. 42, 1878.)

The author first gives an extended historical *resumé* of the changes in the views regarding cerebral hemorrhage, and thoroughly examines the view of Charcot and Burchard that miliary aneurisms of the smaller arteries supply the cause of the hemorrhage. On the incitation of Prof. Heller. of Kiel, he examined 3–400 miliary aneurisms, and among others those taken from two brains by himself. These miliary aneurisms are due to an arteritis, affecting especially the intima. The following are his general conclusions:

1. Primary idiopathic cerebral hemorrhage owes its production to the rupture of miliary aneurisms of the smallest cerebral arteries.

2. The miliary aneurisms are *aneurismata spontanea vera totalia.*

3. They are due to a chronic endarteritis identical with arterio-sclerosis.

4. Miliary aneurisms, like the arterial sclerosis are pre-eminently senile diseased conditions.

5. The dissecting aneurisms are sharply separated from the miliary aneurisms. They are simple hæmatoma, and not a cause, but a consequence of hemorrhage.

6. The capillary dilatations (capillary aneurisms of Schroeder Van der Kolk) are likewise distinct from the miliary aneurisms. They are to be compared with telangiectases of other organs, and like them are congenital.

7. The coats of the vessels are in three layers: the intima, the media, and an externa, separated from the muscularis by a lymph space.

A Modern Miracle.—Seldom have miracles been performed under such favorable test conditions, and subject to such unbiased record as the following, which is reported by Surgeon A. Crombie in the *Indian Medical Gazette:*

"A case of cholera was admitted to the Mitford Hospital in April, 1878. The man was dumb, and could give no account of himself. His name, age, caste, occupation were unknown, and these headings remained unfilled up in his bed ticket till he was discharged. The case was one of average severity, with the usual amount of thirst, cramps and general distress, but during the whole time he was under treatment he did not utter a single articular complaint. He endeavored to engage the attention of the ward-coolies from time to time, by signs, to give him water, and to rub his cramped limbs. He was treated in the ordinary manner with hypodermic injections of chloral, to relieve the spasms, with stimulants, and finally with full doses of calomel 'to restore the biliary function.' Relays of students sat at his bedside to administer his medicine, take his temperature, and give the subcutaneous injections, and Mr. McNaught, the house surgeon, saw him three or four times every day. He was at last discharged cured after fifteen days' stay in hospital. Not a doubt remained on the minds of those brought into contact with him, and who had sat at his bedside for hours, at the time witnessing the severe ordeal of cholera agony through which he was passing, that the man was dumb, and but for subsequent events his would have passed into the great limbo of recorded and forgotten cholera cases.

"It would be hard to conceive conditions better adapted to be the preliminaries of an indisputable exhibition of miraculous power than these. The man was involuntarily subjected to the keenest bodily agony for days together, during which he was removed from possible accomplices, and under the constant observation of educated and critically disposed persons. If there had been mendacity in the case, it must have betrayed itself.

"It may be judged, then, with what surprise this dumb man, ten days after his discharge, was found to present himself in the out-patient department, talking freely and bringing with him the aged devotee who had restored his speech, but who it seems was a martyr to dyspepsia. There was